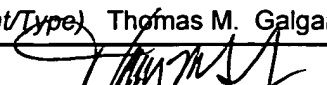


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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional application under 37 CFR 1.53(b))</i>	Attorney Docket No.: First Named Inventor: Title: Express Mail Label No.:	1440-9 BRUCE M. CAMPBELL COLORED CODED CANDLE WICKS AND METHODS OF MANUFACTURING SAME EV 171220081 US			
APPLICATION ELEMENTS <i>See MPEP chapter 6000 concerning design patent application contents</i>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status <i>See 37 CFR 1.27</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 17] <i>(preferred arrangement set forth below, MPEP 1503.01)</i> - Descriptive Title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawings(s) (37 CFR 1.152) [Total Sheets 9] 5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) a. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior appl., see 37 CFR 1.63(d)(2) and 1.33(b) 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table of Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on i. <input type="checkbox"/> CD-ROM or CD-R (2 copies or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <hr/> ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS) PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: ...PTO-2038 Form.....			
18. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ Prior application information: Examiner: _____ Group Art Unit: _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
19. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
Name	Galgano & Burke				
Address	300 Rabro Drive, Suite 35				
City	Hauppauge	State	New York	Zip Code	11788
Country	USA	Telephone	631-582-6161	Fax	631-582-6191
Name (Print/Type)	Thomas M. Galgano		Registration No. (Attorney/Agent)	27,638	
Signature			Date	November 3, 2003	

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FEE TRANSMITTAL FOR FY 2003

Effective 01/01/2002. Patent fees are subject to annual revision

☐ Applicant claims small entity status.
See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 810.00

Application Number:
Filing Date:
First Named Inventor:
Examiner Name:
Group Art Unit:
Attorney Docket No.:

BRUCE M. CAMPBELL

1440-9

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit Account Number: **07-0130**
Deposit Account Name: **Galgano & Burke**

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below
☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application except for issue fee
☐ Charge fee(s) indicated below, except for filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	_____
1002	330	2002	165	Design filing fee	_____
1003	520	2003	260	Plant filing fee	_____
1004	750	2004	375	Reissue filing fee	_____
1005	160	2005	80	Provisional filing fee	_____

SUBTOTAL (1) (\$) _____

2. EXTRA CLAIMS FEES FOR UTILITY & REISSUE

Extra Claims Fee from Fee Paid
Total Claims 16 - 20** = _____ x _____ = _____
Independent Claims 2 - 3** = _____ x _____ = _____
Multiple Dependent _____ = _____

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	_____
1201	84	2201	42	Independent claims in excess of 3	_____
1203	280	2203	140	Multiple dependent claim, if not paid	_____
1204	84	2204	42	**Reissue independent claims over original patent	_____
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	_____

SUBTOTAL (2) (\$) _____

**or number previously paid, if greater;
For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing	_____
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	_____
1053	130	1053	130	Non-English specification	_____
1805	2520	1812	2520	For filing a request for <i>ex parte</i> reexamination	_____
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	_____
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action	_____
1251	110	2251	55	Extension for reply within first month	_____
1252	410	2252	205	Extension for reply within second month	_____
1253	930	2253	465	Extension for reply within third month	_____
1254	1450	2254	725	Extension for reply within fourth month	_____
1255	1970	2255	985	Extension for reply within fifth month	_____
1401	320	2401	160	Notice of Appeal	_____
1402	320	2402	160	Filing a brief in support of an appeal	_____
1403	280	2403	140	Request for oral hearing	_____
1451	1510	1451	1510	Petition to institute a public use proceeding	_____
1452	110	2452	55	Petition to revive - unavoidable	_____
1453	1300	2453	650	Petition to revive - unintentional	_____
1501	1300	2501	650	Utility issue fee (or reissue)	_____
1502	470	2502	235	Design issue fee	_____
1503	630	2503	315	Plant issue fee	_____
1460	130	1460	130	Petitions to the Commissioner	_____
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	_____
1806	180	1806	180	Submission of Information Disclosure Stmt	_____
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	_____
1809	750	2809	375	Filing a submission after final rejection 37 CFR §1.129(a))	\$40.00
1810	750	2810	375	For each additional invention to be examined 37 CFR §1.129(b))	_____
1801	750	2801	375	Request for Continued Examination (RCE)	_____
1802	900	1802	900	Request for expedited examination of a design application	_____

Other fee (specify) _____

SUBTOTAL (3) \$40.00 _____

*Reduced by Basic Filing Fee Paid

SUBMITTED BY

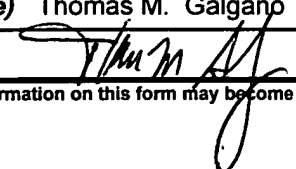
COMPLETE (if applicable)

Name (Print/Type) **Thomas M. Galgano**

Registration No. **27,638**

Tel phon : **631-582-6161**

Signature



Date **November 3, 2003**

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